

Case Number:	CM14-0159890		
Date Assigned:	10/03/2014	Date of Injury:	11/02/1983
Decision Date:	11/03/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 73-year-old female who has submitted a claim for lumbar disc disease associated with an industrial injury date of 11/2/1983. Medical records from 4/8/2013 up to 8/28/2014 were reviewed showing worsening back pain. Patient is obese and complains of having difficulty getting out of her chair. She states that she cannot get up to a standing position without help from her husband. She also develops numbness over her bilateral anterior thighs with prolonged standing. Physical examination revealed great difficulty getting up from a seated position to a standing position in a standard chair. Sensation in the lower extremities is normal. There was a trace of pretibial edema. Treatment to date has included Norco, tramadol, alprazolam, Allegra, clopidogrel, gabapentin, Aldactone, Combivent, Lazix, and benazepril. Utilization review from 9/19/2014 denied the request for DME: Seat Lift Chair, Lumbar Spine. The reason for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DME: Seat Lift Chair, Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare-CMS Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment (DME)

Decision rationale: CA MTUS does not specifically address durable medical equipment (DME). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that DME is recommended generally if there is a medical need. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. In this case, the patient complains of having difficulty getting out of her chair. She states that she cannot get up to a standing position without help from her husband. A chair lift may benefit the patient. However, environmental modifications are considered not primarily medical in nature. Therefore, the request for DME: Seat Lift Chair, Lumbar Spine is not medically necessary.